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RR RUEHDE RUEHROV RUEHTRO
DE RUEHNR #2214/01 1440629
ZNR UUUUU ZZH
R 240629Z MAY 07
FM AMEMBASSY NAIROBI
TO RUEHC/SECSTATE WASHDC 9912
INFO RUCNSOM/SOMALIA COLLECTIVE
RUEHRN/USMISSION UN ROME 0173
RHEHNSC/NSC WASHDC
RHMFIUU/CJTF HOA
RHMFIUU/CDR USCENTCOM MACDILL AFB FL
RUEKJCS/SECDEF WASHINGTON DC
RUEKJCS/JOINT STAFF WASHINGTON DC

UNCLAS SECTION 01 OF 03 NAIROBI 002214

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USAID FOR DCHA
STATE FOR AF/E, AF/F AND PRM

E.O. 12958: N/A
TAGS: EAID PHUM PREL PREF SO
SUBJECT: SOMALIA HUMANITARIAN UPDATE - HEALTH IN MOGADISHU

REF: A) Nairobi 02007

NAIROBI 00002214 001.2 OF 003

¶1. Summary: Despite years of chaos, insecurity and absence of a functioning Ministry of Health, Mogadishu continues to benefit from a serviceable, if limited, health system for those with sufficient resources to access it. Despite significant challenges, such as heavy fighting, limited access, and the withdrawal of international staff, health facilities were able to provide emergency services in response to the recent cholera and conflict emergencies. UN agencies and non-governmental organizations supplemented local health facilities during the crisis period through the provision of supplies and, in some cases, staff. Ongoing challenges to the health sector include a limited pool of qualified technical staff and continued insecurity. End summary.

CURRENT HEALTH SERVICES

¶2. Five non-governmental organizations (NGOs) and three UN agencies are currently providing emergency health services in Mogadishu. Emergency health facilities and services include three mobile health teams, two cholera treatment centers, two maternal and child health centers, two out-patient departments, support for two surgical referral hospitals, and essential medicine and supplies, such as oral rehydration treatment.

¶3. Due to ongoing insecurity, most humanitarian agencies have prohibited international staff from traveling to Mogadishu. The one exception is the International Committee of the Red Cross (ICRC), which sent an international surgical team to assist at the Keysaney Hospital. Well-trained national staff are currently managing most emergency health programs; however, agencies agree that additional oversight and supervision are required.

¶4. During periods of intense fighting in Mogadishu, health services were limited due to restricted movements in the city. Several health facilities reported that national staff were unable to open

clinics or staff hospitals for fear of getting caught in the fighting. At the same time, many people in need of health care were also unable to access facilities due to the heavy fighting.

¶5. In addition to emergency health services, Mogadishu residents benefit from several public and private health facilities. According to the UN World Health Organization (WHO) and UN Children's Fund (UNICEF), health services in the capital are significantly better than in the rest of southern and central Somalia. WHO reports that there are 56 medically certified doctors in Mogadishu working at 28 health facilities, including hospitals, clinics, and maternal and child health centers. Of the 56 physicians, only 14 work in public or NGO-managed facilities while the remaining 42 practice in Mogadishu's thriving private health sector. Only two of the city's 24 hospitals are public and provide health care at minimal cost. Additionally, there are reports of Muslim charities providing medical assistance and supplies in Mogadishu; however, accurate information regarding the staffing or treatment capacity of these facilities is unavailable from the UN and other sources.

¶6. Health agencies cite an increasing concern for the future availability of trained, qualified health care providers. Most of the currently employed health care staff, including nurses, laboratory and x-ray technicians, and support staff were educated prior to the collapse of all formal training institutions nearly two decades ago. Without formal technical educational programs functioning in Somalia since the early 1990s, the availability of qualified health staff is virtually non-existent in Somalia today. Many of those currently employed were trained through informal and on-the-job

initiatives of the UN and NGOs. The Joint Needs Assessment in Somalia, funded by the World Bank in 2006, identified the lack of a technically capable pool of health care providers as one of the greatest challenges faced by the health sector country-wide for the foreseeable future.

EMERGENCY HEALTH CONCERNS

-Cholera-

¶7. An outbreak of acute watery diarrhea (AWD) surfaced in Hiran Region north of Mogadishu in early January and has spread throughout south and central Somalia affecting more than 30,200 people, according to WHO. Health facilities in Mogadishu began diagnosing cases of AWD and laboratories confirmed the presence of the cholera bacterium in early March. A steady increase in new cases was reported through mid-April. WHO reports that nearly 12,000 cases, representing 40 percent of all cases, and 161 related deaths were reported in Mogadishu between January 1 and May 11. Although Mogadishu reported the most cases of all Somali regions, the overall case fatality rate of 1.35 percent was well below the national average of 3.2 percent.

¶8. As fighting escalated in Mogadishu in April, thousands of people fled the city and health facilities suspended or limited activities. As reported reftel, the number of new cases reported in Mogadishu dropped dramatically in the second half of April. WHO cautioned that the sharp decrease was not a sign of improving conditions but rather a result of limited reporting from health agencies and the outflow of people from the city. As access and security improved in May, health facilities resumed reporting into WHO's surveillance system. The initial trend of decreasing cases continued into early May.

¶9. Humanitarian agencies are responding to the outbreak through prevention and treatment activities. A cholera task force meets regularly to coordinate response operations. Action Contre la Faim (ACF) and Medecins Sans Frontieres-Spain (MSF/S) manage two cholera treatment centers; ICRC and the Somali Red Crescent Society (SRCS) run five temporary rehydration treatment centers; Muslim Aid/UK operates four mobile teams throughout the city; and WHO and UNICEF are providing essential medical supplies and drugs to health facilities. In addition, UNICEF and partners are increasing access to safe water through chlorination activities at the water source and household levels.

¶10. The treatment of cholera in Somalia is complicated by strong cultural beliefs that the only effective treatment for acute diarrhea is with intravenous fluids. Many people do not appreciate the value of using oral rehydration salts and large volumes of oral fluids in the early stages, but wait until severe dehydration occurs, making recovery even more difficult. Health education messages on hydration and water treatment are critical adjuncts to cholera treatment. WHO has been taking the lead on health education programs in the media, but has been limited by the recent insecurity.

-War-Wounded-

¶11. Fighting in and around Mogadishu, including indiscriminate mortar and rocket-propelled grenade attacks, resulted in civilian injuries and deaths. More than 2,250 people received treatment for weapon wounds in Mogadishu between January and May, according to ICRC.

¶12. The Medina Hospital, run by SRCS and supported by ICRC, has the capacity to accommodate 67 in-patients. However, at the height of the fighting in Mogadishu in April, the hospital admitted more than 200 patients by

increasing beds per room, setting up beds in the hallways, and erecting tents in the outside garden.

¶13. ICRC provides Keysaney and Medina surgical referral hospitals with monthly consignments of surgical and other supplies, salaries for staff, and support for maintenance. In addition, ICRC is enhancing the capacity of the hospitals' local staff through technical and medical training. ICRC has deployed a cadre of international staff to Mogadishu to assist overworked local surgeons to treat the high volume of war-wounded. ICRC also supports other medical facilities treating war-wounded patients on an ad hoc basis.

USAID/OFDA-FUNDED ACTIVITIES

¶14. In FY 2007, USAID's Office of US Foreign Disaster Assistance (OFDA) has provided more than USD 5.6 million to UNICEF and WHO to carry out health, nutrition, water, sanitation, and hygiene activities in throughout Somalia. OFDA is supporting WHO to coordinate emergency preparedness and response mechanisms in southern and central Somalia, with a particular focus on Mogadishu. This includes coordinating the provision of health kits, cholera kits, and essential medicines for clinics, cholera treatment centers and laboratories. WHO also provides technical staff who assist in direct health care services and the training of local counterparts.

¶15. USAID/OFDA is supporting UNICEF to implement water, sanitation, and hygiene programs in Mogadishu

and surrounding regions. UNICEF is providing safe water, water purification equipment, water storage supplies, and other non-food items for people displaced both in Mogadishu and in other regions in southern and central Somalia. UNICEF is supporting the health sector through the distribution of health kits for maternal and child health clinics and mobile health service programs. With OFDA support, UNICEF is also addressing the nutritional needs of underweight children under five years of age, as well as lactating and pregnant women in conflict-affected areas.

CONCLUSION

¶16. Compared to other urban centers in Africa, the situation in Mogadishu is far from adequate. However, health services are distinctly better in Mogadishu than in areas outside of the capital. While national staffs provide most of the hands on treatment, international staff provide essential supervision, monitoring of treatment protocols, and guide appropriate treatment interventions when needed. The continued commitment from international health organizations and the dedication of the national staff allowed health facilities to respond adequately to recent crisis conditions. Long-term support to the health sector is needed not only in Mogadishu, but throughout the country.

RANNEBERGER